

REGISTRATION FOR HTMLC TRAINING

Training Coordinator Information Input Form

Please complete the following form and submit it directly to your Training Coordinator. The Training Coordinator will enter your registration for the course in the Horace Mann Learning Center's TRAINS system. You and your supervisor will receive a confirmation letter when your registration for the class is confirmed.

Your Social Security Number: _____ - _____ - _____

Your Name: _____
Last First MI

Your Building: _____

Your Room #: _____

Your Office Phone Number: _____ - _____

Your Supervisor's Name: _____

Course You Wish to Take:

First Choice

Second Choice

Course Number:	_____	_____
Course Start Date:	_____	_____
Course Title:	_____	_____

Will you accept being on a waiting list if class is full:

_____ Yes
_____ No

Has your Supervisor approved your request to attend this course?

_____ Yes

Comments: (Please indicate if you will accept any other course date if the course you prefer is full. Other comments that may be usefull are also welcome.)